

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561987

FILING DATE

12.22.05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		3				
6		3				
7	1		1			
8		1				
9						
10		1				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18						
19	1		1			
20		1				
21	1					
22		3				
23		3				
24		3				
25		3				
26		3				
27		3				
28	1		1			
29		1				
30	1		1			
31		3				
32		3				
33		3				
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36		3				
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39		3				
40		3				
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47						
48						
49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	33	←		←
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						